



747 Bernardo Ave., Morro Bay California 93442
T: (805) 772 8585 F: (805) 980 5580

Acknowledgement of Receipt

Dental Board of California Dental Materials Fact Sheet

I, _____, acknowledge that I have received from Sorina Ratchford, DDS, Morro Bay Family Dentistry, a copy of the Dental Materials Fact Sheet published May 2004.

Patient Signature:

Date:

Patient/Guardian Signature:

Date:



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Cancellation Policy

When our office books your appointment, we are setting aside a dedicated chair and time slot just for you. We only ask that if you must reschedule your appointment, that you please provide us with at least 24 hours' notice.

There will be a charge of **\$40 per 30 minutes** of scheduled time for a **broken** (no-show) appointment or **\$25 per 30 minutes** cancellation with **less than 24 hours' notice** for your appointment. This will not be covered by your dental insurance.

Signature of Responsible Party

Date

HIPAA PATIENT CONSENT FORM

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. The Notice contains a Patients Rights section describing your rights under the law. You have the right to review our Notice before signing this Consent. The terms of our Notice may change. If we change our Notice, you may obtain a revised copy by contacting our office, or going to our Website.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations. You have the right to revoke this Consent, in writing, signed by you. However, such revocation shall not affect any disclosure we have already made in reliance on your prior Consent. The Practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The Patient understands that:

- Protected health information may be disclosed or used for treatment, payment or health care operations.
- The Practice has a Notice of Privacy Practices and that the patient has the opportunity to review this Notice.
- The Practice reserves the right to change the Notice of Privacy Policies.
- The Patient may revoke this Consent in writing at any time and all future disclosures will then cease.
- The Practice may condition treatment upon execution of this Consent. No insurance can be billed on the patient's behalf without this signed HIPAA consent form, therefor same day of service payment in full for any services will be required.

This HIPAA Consent was signed by: _____
Signature of patient or guardian Printed name of same

Relationship to the patient (if other than patient): _____
Please print Today's Date

INSURANCE INFORMATION

Patient Name: _____

Do you have Dental Insurance? Please circle: YES NO

Insurance Company: _____ Group #: _____

Address: _____

Employer Name: _____

Subscriber's Name: _____ Birthday: _____

SS#: _____ Driver Lic #: _____

Relationship to patient: Please circle: SELF SPOUSE CHILD

Do you have SECONDARY or DUAL INSURANCE? Please circle: YES NO

Insurance Company: _____ Group #: _____

Address: _____

Employer Name: _____

Subscriber's Name: _____ Birthday: _____

SS#: _____ Driver Lic #: _____

Relationship to patient: Please circle: SELF SPOUSE CHILD

I agree to be responsible for all charges for dental services and materials not paid for by my dental benefit plan, unless the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted under applicable law, I authorize release of any information relating to this claim.

Signature

Date

I hereby authorize payment of the dental benefits otherwise payable to me directly to Sorina Ratchford, D.D.S.

Signature

Date

Mediation and Dispute Resolution Agreement

Your care is important to us, and we feel it is vital to your treatment that we communicate openly and honestly.

As such, we request that you: Ask questions and participate in your care, be honest about your history, symptoms, and other important health information, prepare for and keep scheduled visits, and be respectful to our office staff and healthcare providers.

In exchange, we agree that we will: Explain diagnosis, treatment recommendations, and outcomes in an easy-to-understand way, listen to your questions and help you make decisions about your care, keep discussions and records private, and determine when a referral or termination of care is appropriate.

MEDIATION

As a part of our emphasis on open communication, we ask our patients to sign this mediation agreement. While we do not anticipate any issues or concerns during the course of your treatment, if any arise, you (and/or your legal counsel) and your healthcare provider (and/or their legal counsel) agree to meet with a neutral mediator and work toward a solution. Whether or not a solution is found, mediation may postpone but does not remove or block your legal rights. Importantly, you agree that any usage or inference to a "claim" will be understood and read as "potential claim" until the mediation is complete. This designation allows us to begin in a less formal manner that has been shown to expedite the resolution process. Your signature on this page confirms that should a concern arise in any aspect of the care provided by this office, staff, and affiliated healthcare professionals, you agree to mediate first before pursuing legal action.

EXPERT WITNESSES

Further, if after mediation, you still wish to pursue a court action relating to your care, your signature on this page confirms that you will use, as your expert witness(es) in your legal action, American Board of Medical Specialties board-certified medical witness(es) in the same specialty as Physician. Furthermore, you agree that the physicians who you select will be in good standing and adhere to all of the rules and guidelines of professional conduct of the American Board of Medical Specialties.

As consideration for this agreement, we agree that we will adhere to these same guidelines in selecting our expert witness(es) for any court action relating to your care.

I certify that I have read or had read to me the contents of this form. I understand the possible advantages that compliance with professional healthcare recommendations can provide as well as potential consequences of non-compliance. I attest that I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction.

Patient's or Patient Representative's Signature

Date

Provider's or Provider Representative's Signature

Date



747 Bernardo Ave.
Morro Bay, CA 93442
(805) 772-8585

Date: _____

Patient Information

Name _____ Birth date _____

SS# _____ Driver's License # _____ Expiration _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone: _____
Email: _____

Please Circle Your Answer:

Sex (M) / (F) / (Non-Binary) | Marital Status (Married/Domestic Partnership) (Widowed) (Divorced/Separated)
(Single) / (Minor/Child)

Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Spouse/Parent _____ City _____ State _____ Zip _____

Whom may we thank for referring you? _____

Responsible Party

Name of Person Responsible
For Account _____ Relation to Patient _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone: _____

Employer _____ Employer Phone _____

Address _____ City _____ State _____ Zip _____

Emergency Contact

Name _____ Relation to Patient _____

Home Phone _____ Cell Phone _____ Work Phone _____

Sorina Ratchford DDS
Morro Bay Family Dentistry

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Please checkmark all that apply and make notes necessary notes on the right:

- Have active tuberculosis
- Persistent cough greater than 3 weeks
- Cough that produces blood
- Been exposed to anyone that has tuberculosis

If you have checked any of the above answers, please stop and see the receptionist.

Dental History

Reason for today's visit _____ Date of last dental care _____

Former dentist _____ Date of last X-rays (approx.) _____

Specific dental concerns or any problems with previous dental care? _____

How do you feel about your smile? _____

How often do you floss? _____ How often do you brush? _____

Please check or circle all that apply:

- Sensitivity to cold Grinding teeth Sensitivity to hot Loose teeth/broken fillings
- Bleeding gums Sensitivity biting Clicking popping jaw Periodontal (gum) treatment
- Bad breath Earaches/neck pains Sensitivity to sweets Sores or growths in your mouth
- Dry mouth Dentures or partials Previous or current orthodontic treatment Previous/current serious injury to the mouth
- Do you regularly drink bottled water Food collecting between teeth

Medical History

Physicians name (and city if not in SLO area) _____ Date of last visit _____

Are you in good health? ___ Yes ___ No Have you been hospitalized or had a major illness/surgery in the past 5 years? ___ Yes ___ No

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Have there been any significant changes to your health in the past year? ___ Yes ___ No

If you have experienced a significant change in health or a major/illness surgery, please explain below:

Are you currently taking any prescriptions or over the counter medications including vitamins or supplements? ___ Yes ___ No
Please list below

Do you wear contact lenses ___ Yes ___ No Do you use controlled substances (drugs)? ___ Yes ___ No

Have you had an orthopedic ___ Yes ___ No Do you use tobacco (smoking, chew, snuff)? ___ Yes ___ No
total joint replacement? (hip, knee, finger, etc.)

Date: _____ Any Complications? _____ If yes are you interested in stopping? Very /Mildly /Not Interested

Are you taking or are you scheduled to take either of the medications, alendronate (Fosmax®) or risedronate (Actonel®) for osteoporosis or Paget's disease? ___ Yes ___ No

Do you drink alcoholic beverages ___ Yes ___ No
If yes how many in the past 24 hours? _____
How many drinks do you have per week? _____

Since 2001, were you treated or are you presently scheduled to begin treatment with the intravenous biphosphonates (Aredia® or Zometa®) for bone pain or skeletal complications from Paget's disease, or metastatic cancer? ___ Yes ___ No
Date treatment began? _____

Women Only: Are you

Pregnant? ___ Yes ___ No
Number of weeks _____
Taking birth control or hormonal replacement? ___ Yes ___ No
Nursing? ___ Yes ___ No

Allergies:

Please check or circle all substances you are allergic to or have had a reaction to:

- | | | | |
|---|---|----------------------------------|--|
| <input type="checkbox"/> Local Anesthetics | <input type="checkbox"/> Penicillin/Antibiotics | <input type="checkbox"/> Aspirin | <input type="checkbox"/> Barbiturates, sleeping pills, sedatives |
| <input type="checkbox"/> Sulfa Drugs | <input type="checkbox"/> Codeine or other narcotics | <input type="checkbox"/> Metals | <input type="checkbox"/> Latex (Rubber) |
| <input type="checkbox"/> Iodine | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Animals | <input type="checkbox"/> Food |
| <input type="checkbox"/> Other (please specify) | <input type="checkbox"/> Seasonal Allergies | | |

Please specify the allergic response for all check-marked substances below:

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Please check or circle if you have had any of the following diseases or problems:

- Artificial Heart Valve Previous infective endocarditis Damaged valves in transplanted heart

Congenital Heart Disease (CHD)

- Unrepaired cyanic CHD Repaired completely in the last 6 months Repaired CHD with residual defects

Except for the conditions listed above antibiotic prophylaxis is no longer recommended for any other form of CHD

Please check or circle if you have had any of the following diseases or problems:

- Cardiovascular Disease Arteriosclerosis Angina Congestive Heart Failure
- Damaged Heart Valves Heart Attack Heart Murmur Low Blood Pressure
- High Blood Pressure Pacemaker Mitral Valve Prolapse Other Congenital Heart Defect
- Rheumatic Fever Anemia Abnormal Bleeding Rheumatic Heart Disease
- Blood Transfusion Date _____ Hemophilia HIV/AIDS Rheumatoid Arthritis
- Arthritis Systematic Lupus erythematosus. Asthma Autoimmune Disease
- Bronchitis Emphysema Sinus Trouble Tuberculosis
- Cancer / Chemo. Radiation Treatment Chest Pain w/ Exertion Chronic Pain Diabetes Type _____
- Eating Disorder Malnutrition Gastrointestinal Disease G.E. reflux / persistent heartburn
- Ulcers Thyroid problems Glaucoma Hepatitis, Jaundice or Liver Disease
- Stroke Epilepsy Fainting spells or seizures Neurological disorders Specify _____
- Sleep Disorder Mental Health Dis. Specify _____ Recurrent Infections Specify _____ Kidney Problems
- Osteoporosis Persistent swollen glands in neck Severe headaches migraines Severe/rapid weight loss
- Sexual Transmitted Disease Excessive urination

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Has a physician or previous dentist recommended that you take antibiotics prior to dental treatment?
If yes for what reason?

Name of physician making recommendation: _____

Do you have any disease, condition or problem not listed above that you believe I should know about?

Note: Both doctor and patient are encouraged to discuss any and all relevant patient health issues prior to treatment. I certify that I have read and understand the above and the information given on this form is accurate. I understand the importance of a truthful health history and that my dentist and her staff will rely on this information for treating me. I acknowledge that my questions, if any, about inquiries set forth above have been answered to my satisfaction. I will not hold the dentist, or any member of her staff, responsible for any action they take or do not take because of errors or omissions, that I may have made in the completion of this form.

Signature of Patient (or Legal Guardian) _____ **Date** _____

Dental Materials – Advantages & Disadvantages

PORCELAIN FUSED TO METAL

This type of porcelain is a glass-like material that is “enameled” on top of metal shells. It is tooth-colored and is used for crowns and fixed bridges

Advantages

- ♥ Good resistance to further decay if the restoration fits well
- ♥ Very durable, due to metal substructure
- ♥ The material does not cause tooth sensitivity
- ♥ Resists leakage because it can be shaped for a very accurate fit

Disadvantages

- More tooth must be removed (than for porcelain) for the metal substructure
- Higher cost because it requires at least two office visits and laboratory services

GOLD ALLOY

Gold alloy is a gold-colored mixture of gold, copper, and other metals and is used mainly for crowns and fixed bridges and some partial denture frameworks

Advantages

- ♥ Good resistance to further decay if the restoration fits well
- ♥ Excellent durability; does not fracture under stress
- ♥ Does not corrode in the mouth
- ♥ Minimal amount of tooth needs to be removed
- ♥ Wears well; does not cause excessive wear to opposing teeth
- ♥ Resists leakage because it can be shaped for a very accurate fit

Disadvantages

- Is not tooth colored; alloy is yellow
- Conducts heat and cold; may irritate sensitive teeth
- High cost; requires at least two office visits and laboratory services

DENTAL BOARD OF CALIFORNIA

1432 Howe Avenue • Sacramento, California 95825

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The Facts About Fillings

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The Facts About Fillings



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Dental Materials Fact Sheet

What About the Safety of Filling Materials?

Patient health and the safety of dental treatments are the primary goals of California’s dental professionals and the Dental Board of California. The purpose of this fact sheet is to provide you with information concerning the risks and benefits of all the dental materials used in the restoration (filling) of teeth.

The Dental Board of California is required by law* to make this dental materials fact sheet available to every licensed dentist in the state of California. Your dentist, in turn, must provide this fact sheet to every new patient and all patients of record only once before beginning any dental filling procedure.

As the patient or parent/guardian, you are strongly encouraged to discuss with your dentist the facts presented concerning the filling materials being considered for your particular treatment.

* *Business and Professions Code 1648.10-1648.20*

Allergic Reactions to Dental Materials

Components in dental fillings may have side effects or cause allergic reactions, just like other materials we may come in contact with in our daily lives. The risks of such reactions are very low for all types of filling materials. Such reactions can be caused by specific components of the filling materials such as mercury, nickel, chromium, and/or beryllium alloys. Usually, an allergy will reveal itself as a skin rash and is easily reversed when the individual is not in contact with the material.

There are no documented cases of allergic reactions to composite resin, glass ionomer, resin ionomer, or porcelain. However, there have been rare allergic responses reported with dental amalgam, porcelain fused to metal, gold alloys, and nickel or cobalt-chrome alloys.

If you suffer from allergies, discuss these potential problems with your dentist before a filling material is chosen.

PORCELAIN (CERAMIC)

Porcelain is a glass-like material formed into fillings or crowns using models of the prepared teeth. The material is tooth-colored and is used in inlays, veneers, crowns and fixed bridges.

Advantages

- ♥ Very little tooth needs to be removed for use as a veneer; more tooth needs to be removed for a crown because its strength is related to its bulk (size)
- ♥ Good resistance to further decay if the restoration fits well
- ♥ Is resistant to surface wear but can cause some wear on opposing teeth
- ♥ Resists leakage because it can be shaped for a very accurate fit
- ♥ The material does not cause tooth sensitivity

Disadvantages

- Material is brittle and can break under biting forces
- May not be recommended for molar teeth
- Higher cost because it requires at least two office visits and laboratory services

NICKEL OR COBALT-CHROME ALLOYS

Nickel or cobalt-chrome alloys are mixtures of nickel and chromium. They are a dark silver metal color and are used for crowns and fixed bridges and most partial denture frameworks.

Advantages

- ♥ Good resistance to further decay if the restoration fits well
- ♥ Excellent durability; does not fracture under stress
- ♥ Does not corrode in the mouth
- ♥ Minimal amount of tooth needs to be removed
- ♥ Resists leakage because it can be shaped for a very accurate fit

Disadvantages

- Is not tooth colored; alloy is a dark silver metal color
- Conducts heat and cold; may irritate sensitive teeth
- Can be abrasive to opposing teeth
- High cost; requires at least two office visits and laboratory services
- Slightly higher wear to opposing teeth



Dental Materials – Advantages & Disadvantages

GLASS IONOMER CEMENT

Glass ionomer cement is a self-hardening mixture of glass and organic acid. It is tooth-colored and varies in translucency. Glass ionomer is usually used for small fillings, cementing metal and porcelain/metal crowns, liners, and temporary restorations.

Advantages

- ♥ Reasonably good esthetics
- ♥ May provide some help against decay because it releases fluoride
- ♥ Minimal amount of tooth needs to be removed and it bonds well to both the enamel and the dentin beneath the enamel
- ♥ Material has low incidence of producing tooth sensitivity
- ♥ Usually completed in one dental visit

Disadvantages

- Cost is very similar to composite resin (which costs more than amalgam)
- Limited use because it is not recommended for biting surfaces in permanent teeth
- As it ages, this material may become rough and could increase the accumulation of plaque and chance of periodontal disease
- Does not wear well; tends to crack over time and can be dislodged

RESIN-IONOMER CEMENT

Resin ionomer cement is a mixture of glass and resin polymer and organic acid that hardens with exposure to a blue light used in the dental office. It is tooth colored but more translucent than glass ionomer cement. It is most often used for small fillings, cementing metal and porcelain metal crowns and liners.

Advantages

- ♥ Very good esthetics
- ♥ May provide some help against decay because it releases fluoride
- ♥ Minimal amount of tooth needs to be removed and it bonds well to both the enamel and the dentin beneath the enamel
- ♥ Good for non-biting surfaces
- ♥ May be used for short-term primary teeth restorations
- ♥ May hold up better than glass ionomer but not as well as composite
- ♥ Good resistance to leakage
- ♥ Material has low incidence of producing tooth sensitivity
- ♥ Usually completed in one dental visit

Disadvantages

- Cost is very similar to composite resin (which costs more than amalgam)
- Limited use because it is not recommended to restore the biting surfaces of adults
- Wears faster than composite and amalgam

Toxicity of Dental Materials

Dental Amalgam

Mercury in its elemental form is on the State of California's Proposition 65 list of chemicals known to the state to cause reproductive toxicity. Mercury may harm the developing brain of a child or fetus.

Dental amalgam is created by mixing elemental mercury (43-54%) and an alloy powder (46-57%) composed mainly of silver, tin, and copper. This has caused discussion about the risks of mercury in dental amalgam. Such mercury is emitted in minute amounts as vapor. Some concerns have been raised regarding possible toxicity. Scientific research continues on the safety of dental amalgam. According to the Centers for Disease Control and Prevention, there is scant evidence that the health of the vast majority of people with amalgam is compromised.

The Food and Drug Administration (FDA) and other public health organizations have investigated the safety of amalgam used in dental fillings. The conclusion: no valid scientific evidence has shown that amalgams cause harm to patients with dental restorations, except in rare cases of allergy. The World Health Organization reached a similar conclusion stating, "Amalgam restorations are safe and cost effective."

A diversity of opinions exists regarding the safety of dental amalgams. Questions have been raised about its safety in pregnant women, children, and diabetics. However, scientific evidence and research literature in peer-reviewed scientific journals suggest that otherwise healthy women, children, and diabetics are not at an increased risk from dental amalgams in their mouths. The FDA places no restrictions on the use of dental amalgam.

Composite Resin

Some Composite Resins include Crystalline Silica, which is on the State of California's Proposition 65 list of chemicals known to the state to cause cancer.

It is always a good idea to discuss any dental treatment thoroughly with your dentist.

DENTAL AMALGAM FILLINGS

Dental amalgam is a self-hardening mixture of silver-tin-copper alloy powder and liquid mercury and is sometimes referred to as silver fillings because of its color. It is often used as a filling material and replacement for broken teeth.

Advantages

- ♥ Durable; long lasting
- ♥ Wears well; holds up well to the forces of biting
- ♥ Relatively inexpensive
- ♥ Generally completed in one visit
- ♥ Self-sealing; minimal-to-no shrinkage and resists leakage
- ♥ Resistance to further decay is high, but can be difficult to find in early stages
- ♥ Frequency of repair and replacement is low

Disadvantages

- Refer to “What About the Safety of Filling Materials”
- Gray colored, not tooth colored
- May darken as it corrodes; may stain teeth over time
- Requires removal of some healthy tooth
- In larger amalgam fillings, the remaining tooth may weaken and fracture
- Because metal can conduct hot and cold temperatures, there may be a temporary sensitivity to hot and cold.
- Contact with other metals may cause occasional, minute electrical flow

The durability of any dental restoration is influenced not only by the material it is made from but also by the dentist’s technique when placing the restoration. Other factors include the supporting materials used in the procedure and the patient’s cooperation during the procedure. The length of time a restoration will last is dependent upon your dental hygiene, home care, and diet and chewing habits.

COMPOSITE RESIN FILLINGS

Composite fillings are a mixture of powdered glass and plastic resin, sometimes referred to as white, plastic, or tooth-colored fillings. It is used for fillings, inlays, veneers, partial and complete crowns, or to repair portions of broken teeth.

Advantages

- ♥ Strong and durable
- ♥ Tooth colored
- ♥ Single visit for fillings
- ♥ Resists breaking
- ♥ Maximum amount of tooth preserved
- ♥ Small risk of leakage if bonded only to enamel
- ♥ Does not corrode
- ♥ Generally holds up well to the forces of biting depending on product used
- ♥ Resistance to further decay is moderate and easy to find
- ♥ Frequency of repair or replacement is low to moderate

Disadvantages

- Refer to “*What About the Safety of Filling Materials*”
- Moderate occurrence of tooth sensitivity; sensitive to dentist’s method of application
- Costs more than dental amalgam
- Material shrinks when hardened and could lead to further decay and/or temperature sensitivity
- Requires more than one visit for inlays, veneers, and crowns
- May wear faster than dental enamel
- May leak over time when bonded beneath the layer of enamel

